



LICENSED MARRIAGE AND FAMILY THERAPIST INACTIVE STATUS REQUEST FORM

1. License Number: _____ 2. 1st Request: 2nd Request:
3. Licensee's Name: _____
Last First MI
4. Mailing Address: _____
Street/PO Box

City State Zip

I hereby request that my current license be placed on "Inactive Status" and I attest that I shall not perform marriage and family therapy for compensation in the state of Mississippi nor any other jurisdiction while on inactive status.

Licensee's Signature

Date Signed

- The Board will consider the request and will notify the licensee of its decision within 60 days of receiving the written request for inactive status.
- Those granted inactive status shall be excused from paying renewal fees until they notify the Board in writing of the intention to resume active practice. If a licensee fails to return to active status within two years of being placed on inactive status, the licensee may request an extension for an additional two years. If the licensee does not request an extension or no extension has been granted by the Board, the license will be considered as lapsed on the September 30th following the end of the inactive status period, and be subject to the requirements for lapsed licenses.
- Disciplinary action will be taken against a licensee on inactive status who performs marriage and family therapy in the state of Mississippi or presents him/herself as a licensed marriage and family therapist.